

CHICAGO  
MAR 25 02  
PB METER  
7118986  
U.S. POSTAGE  
16.25  
10/088971

**POST OFFICE  
TO ADDRESSEE**



**ORIGIN (POSTAL USE ONLY)**

PO ZIP Code:   
 Day of Delivery: ☐ Next ☒ Second ☐ Flat Rate Envelope ☐   
 Date in:   
 Mo. Day Year ☐ 12 Noon ☐ 3 PM   
 Time in:   
 Mo. Day Year ☐ AM ☐ PM   
 Weight:   
 Lbs. Ozs.   
 No Delivery ☐ Weekend ☐ Holiday ☐   
 Acceptance Clerk Initials:   
 Total Postage & Fees: \$   
 Postage: \$   
 Return Receipt Fee:   
 Insurance Fee:   
 COD Fee:   
 Int'l Alpha Country Code:   
 CUSTOMER USE ONLY   
 TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.

**DELIVERY (POSTAL USE ONLY)**

Delivery Attempt:   
 Mo. Day Time ☐ AM ☐ PM   
 Delivery Attempt:   
 Mo. Day Time ☐ AM ☐ PM   
 Delivery Date:   
 Mo. Day Time ☐ AM ☐ PM   
 Signature of Addressee or Agent:   
 Name - Please Print:   
 X   
 Employee Signature:   
 RECEIVED   
 MAR 27 2002   
 USPTO MAIL CENTER

**FROM: (PLEASE PRINT)**

PHONE: 1-800-222-1811

**TO: (PLEASE PRINT)**

PHONE:   
 CUSTOMER SIGNATURE:   
 NO DELIVERY ☐ Weekend ☐ Holiday   
 WAREHOUSE OF SIGNATURE Domestic Only: Additional merchandise insurance is void if signature is requested. (with delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can't be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 [www.usps.gov](http://www.usps.gov)

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